

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



February 25, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Capital Cigar Company, 333 North Cotner Boulevard requesting a class D liquor license.

Don Young, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Don Young was born in Lincoln, Nebraska. He attended the University of Nebraska graduating in 1995.

Mr. Young was previously employed by Lancaster County.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

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Trade Name (doing business as) Capital Cigar Company

Street Address #1 333 North Cotner, Suite 6

FEB 15 2013

Street Address #2 _____

NEBRASKA LIQUOR
CONTROL COMMISSION

City Lincoln

County Lancaster

Zip Code 68505

Premise Telephone number 402-430-9109

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Don E. Young II

Street Address #1 6505 Teton Drive

Street Address #2 _____

City Lincoln

State Nebraska

Zip Code 68510

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 20 feet

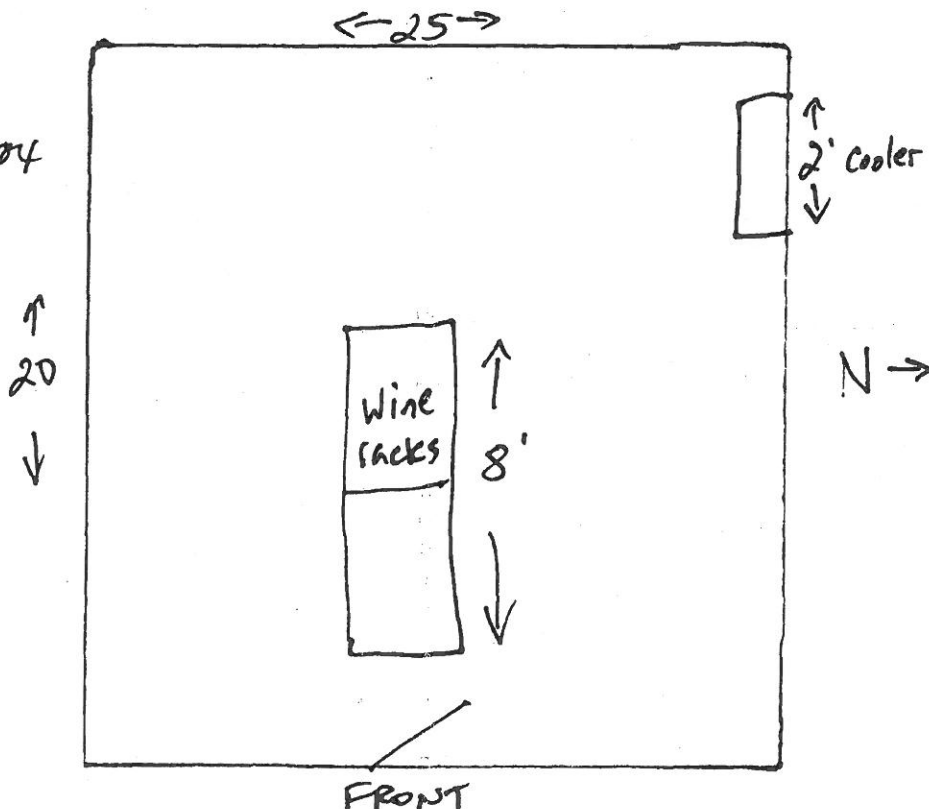
Width 25 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

single floor

1-story

Entire bldg approx
25' x 20'



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
				RECEIVED FEB 15 2013 NEBRASKA LIQUOR CONTROL COMMISSION

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and how many
- Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- Attach temporary operating permit (T.O.P.) (form 125)
- T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

**APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT - FORM 1**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Individual applicants, including spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Registered voters
Lancaster

No for now on

Partnership
per
applicant

Name of individual applicant who will hold license

Last Name:

Young II

First Name:

Don

MI:

E

Home Address:

6505 Teton Drive

City:

Lincoln

Zip Code:

68510

Social Security Number

Date of Birth:

Home Telephone Number:

402-430-9109

Drivers License Number:

State:

NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name:

Young

Spouses First Name:

Kati

Kathryn

MI:

J

Social Security Number:

Date of Birth:

Drivers License Number:

State:

NE

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182
REVISED 05/2007

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
NOV 1 1995
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
NEBRASKA DEPARTMENT OF HEALTH

PHS-795 (VS)
REV. 12-64
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126..... 61

1. PLACE OF BIRTH a. COUNTY Lancaster		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Lancaster	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln		c. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL		d. STREET ADDRESS 3632 Way St., Inside City Limit Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) DON b. (Middle) EDWARD c. (Last) YOUNG, II			
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD Y-520			
7. FULL NAME a. (First) Don b. (Middle) Edward c. (Last) Young COLOR OR RACE White			
8. AGE (At time of this birth) 24 Yrs.	9. BIRTHPLACE (City, town, or county) (State or foreign country) Scotts Bluff Co., Nebraska	10a. USUAL OCCUPATION SP/4	10b. KIND OF BUSINESS OR INDUSTRY U. S. Army
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Judith b. (Middle) Patricia c. (Last) Karr COLOR OR RACE White			
14. AGE (At time of this birth) 20 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Kansas City, Missouri	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are stillborn (born dead) or now dead? 0 c. How many children were born dead at 20 weeks pregnancy? 0	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Don Edward Young—Mother			
I hereby certify that this child was born alive on the date stated above a. 11:07 A.m.		18a. SIGNATURE <i>P. J. Hendrick, MD.</i> 18b. ADDRESS 739 Stuart Bldg., Lincoln, Nebraska	
19. DATE REC'D BY LOCAL REG. NOV 14 1961		20. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
		19. MOTHER'S MAILING ADDRESS Mrs. Don Edward Young 3632 Way St., Lincoln, Nebraska	

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

8/8/2007

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

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FEB 15 2013

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

State File No.

1. PLACE OF BIRTH a. STATE Nebraska		b. COUNTY Douglas		2. PRESENT RESIDENCE OF MOTHER a. STATE Nebraska		b. COUNTY Lancaster	
c. CITY OR TOWN Omaha				c. CITY OR TOWN Lincoln			
3. CHILD'S NAME a. (First) Kathryn				b. (Middle) Johannah		c. (Last) Edison	
4. SEX Female		5. COLOR OR RACE White		6. DATE OF BIRTH (Month) (Day) (Year)			
FATHER OF CHILD							
7. FULL NAME a. (First) Allen				b. (Middle) Ray		c. (Last) Edison	
8. DATE OF BIRTH		9. BIRTHPLACE Plainview, Nebraska				10. COLOR OR RACE White	
11a. USUAL OCCUPATION Associate Professor				11b. KIND OF BUSINESS OR INDUSTRY Electrical Engineering			
MOTHER OF CHILD							
12. FULL MAIDEN NAME a. (First) Betty				b. (Middle) Jean		c. (Last) Broer	
13. DATE OF BIRTH		14. BIRTHPLACE Highmore, South Dakota				15. COLOR OR RACE White	